

POSITION	ID NO.	DATE
CLASSIFIER	19	6/16/93
EXAMINER	0903	6/19
TYPIST	281	1/16/93
VERIFIER	338	10/22
CORPS CORR.	(S)	X 21 93
SPEC. HAND	(S)	
FILE MAINT.	407	6-21-93
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
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BEST AVAILABLE COPY

SYMBOLS	
✓	Rejected
■	Allowed
- (Through number)	Canceled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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